

**FUNDING REQUEST FORM  
CITY OF READING  
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM  
FFY2013**

Assistance in completing this request is available by calling the C.D. Office at 610-655-6211 between the hours of 8:00 a.m. and 4:00 p.m. Please answer all questions applicable to your project as specifically as possible (print or type). The request form and supporting documentation must be received by June 29, 2012 in the City Hall C.D. Office, 815 Washington St., Reading, PA 19601.

*All projects funded by the CDBG Program must be consistent with the City Comprehensive and Consolidated Plans.*

**I. GENERAL INFORMATION**

A. Date: \_\_\_\_\_

B. Submitted By: \_\_\_\_\_ Title: \_\_\_\_\_

C. Organization: \_\_\_\_\_

D. Address: \_\_\_\_\_  
\_\_\_\_\_

E. Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

F. Contact Person: \_\_\_\_\_

G. Contact Person Telephone: \_\_\_\_\_

H. Email: \_\_\_\_\_ IRS Tax Number: \_\_\_\_\_

I. Total Project Budget: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

J. Project Name: \_\_\_\_\_

K. Brief Description of Project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

L. Project Service Area: \_\_\_\_\_

M. Census Tract: \_\_\_\_\_

## II. CHECKLIST OF REQUIRED DOCUMENTS

- |       |     |  |
|-------|-----|--|
| _____ | 1.  | Narrative data on project and applicant                          |
| _____ | 2.  | Articles of Incorporation and Bylaws                             |
| _____ | 3.  | State and Federal Tax Exemption Determination letters            |
| _____ | 4.  | List of Board of Directors                                       |
| _____ | 5.  | Board of Directors' authorization to request funds               |
| _____ | 6.  | Board of Directors' designation of authorized official           |
| _____ | 7.  | Organizational chart   |
| _____ | 8.  | Resume of program administrator                                  |
| _____ | 9.  | Resume of fiscal officer   |
| _____ | 10. | Financial statement and most recent audit                        |
| _____ | 11. | Documentation of compliance with National Objectives             |
| _____ | 12. | Copy of most recent strategic plan or similar planning document. |
| _____ | 13. | Performance Measurement Form                                     |
| _____ | 14. | Current annual salary of Executive Director.                     |

## III. NARRATIVE

The City does not require a particular format for this section however, the narrative must be typewritten and not exceed 3 pages.

### A. Project Summary

Briefly describe the proposed project. The narrative should include the need or problem to be addressed in relation to City Comprehensive Plan, as well as the population to be served or the area to benefit. Describe the work to be performed, including the activities to be undertaken or the services to be provided, the goals and objectives, method of approach, and the implementation schedule. Include the proposed budget, specifying line item costs such as personnel, supplies, equipment, travel, etc. Discuss the intended staffing pattern, and finally other sources of funding sought and secured.

### B. Performance/Outcome Measurement

Human Service agencies are in the midst of a major shift from focus on activities to a focus on results. The potential benefits of this shift to a focus on outcomes are broad. Agencies will have invaluable information for increasing the quality of their programs. Program participants will receive services that are shown to produce positive results.

Specify what is to be measured, how do you intend to measure it, and how the project will have a positive effect on the neighborhood it serves. Activities which demonstrate a significant measurable impact on a CDBG eligible neighborhood is the standard the City will use in selecting applications for funding.

Using your organization's planning document, please provide appropriate performance/outcome measurements for the project you are requesting funds for. Examples are: number of persons successfully graduating from course, number of persons learning a new skill, number of persons learning English as a second language, number of families provided permanent housing.

If the activity did not receive CDBG Program funding in the previous year then specify new services planned or a quantifiable increase in the level of existing services to be provided for the upcoming year compared to the previous twelve (12) months of operation. In the case of a quantifiable increase, documentation must be provided that shows the amount of funding and the source of local or state funding for the previous twelve (12) months of operation.

C. Organization Information

*Background*

Include the length of time the organization has been in operation, the date of incorporation, the purpose of the organization, and the type of corporation. Describe the type of services provided, the organization's capabilities, the number and characteristics of clients served, and license to operate (if appropriate).

*Personnel*

Briefly describe the organization's existing staff positions and qualifications, and state whether or not the organization has a personnel policy manual with an affirmative action plan and grievance procedure.

*Financial*

Describe the organization's current operating budget, itemizing revenues and expenses. Include copies of funding commitments used to match funds being requested. Describe the organization's fiscal management including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements.

The City may use the cost per unit of service or cost per measured outcome method of payment. Please provide a breakdown and explanation of the cost per unit.

*Audit Requirements*

If funded by the CDBG Program, the Organization may be subject to the audit requirements of OMB Circular A-133. When requested, the Organization shall submit a copy of its annual audit to the City indicating the receipt of federal funds provided by this Agreement.

*Insurance/Bond/Worker's Compensation*

State whether or not the organization has liability insurance coverage, in what amount, and with what insuring organization. State whether or not the organization pays all payroll taxes and worker's compensation as required by Federal and State Law. State whether or not the organization has fidelity bond coverage for principal staff who handle the organization's accounts, in what amount, and with what insuring organization.

*Additional Information*

Include any other pertinent information.

**IV. STANDARD REQUIRED DOCUMENTS**

A. Articles of Incorporation/Bylaws

Articles of Incorporation/Bylaws Articles of incorporation are the documents recognized by the State as formally establishing a private corporation, business or organization.

B. Non-profit determination

Non-profit organizations must submit tax-exemption determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board.

C. List of the Board of Directors

A list of the current board of directors or other governing body of the organization must be submitted. The list must include the name, telephone number, address, occupation or affiliation of each member and must identify the principal officers of the governing body.

D. Authorization to Request Funds

Documentation must be submitted of the governing body's authorization to submit the funding request. Documentation of this requirement consists of a copy of the minutes of the meeting in which the governing body's resolution, motion or other official action is recorded.

E. Authorized Official

Documentation must be submitted of the governing body's action authorizing the representative of the organization to negotiate for and contractually bind the organization. Documentation of this requirement consists of a signed letter from the Chairperson of the governing body providing the name, title, address and telephone number of each authorized individual.

F. Organizational Chart

An organizational chart must be provided which describes the organization's administrative framework and staff positions, which indicates where the proposed project will fit into the organizational structure, and which identifies any staff positions of shared responsibility.

G. Resume of the Chief Program Administrator

H. Resume of the Chief Fiscal Officer

I. Financial Statement and Audit

**V. NATIONAL OBJECTIVES**

The proposed project must address at least one of the three national objectives for the CDBG Program. Check the appropriate objective for your project and provide supporting information.

*Low/moderate Income Benefit:*

1) Census data must be provided demonstrating the service area contains at least 51% low/moderate income persons and is predominately residential if the project will primarily benefit low/moderate income persons living within the project service area.

Service Area: This is the geographic area to be served by the project. It may be the houses along the particular section of road, the families using the bridge on a daily basis; the homes that will have water problems eliminated by the drainage improvements, etc. Please provide a map showing the project and outlining the service area of the project.

Provide a justification for the service area chosen.

2) Some projects may be designed to benefit low/moderate income persons because the project will only be available to this income group. An example would be the rehabilitation of rental housing to be rented to low/moderate income persons. If the proposed project addresses this type of limited clientele, please explain.

3) HUD presumes the following groups consist of principally low/moderate income persons: abused children, elderly persons, battered spouses, homeless persons, handicapped persons, illiterate persons, and migrant farmworkers. If the proposed project addresses persons of one or more of these groups, please explain.

4) If the proposed project is designed to retain existing jobs or create new jobs, please explain how the jobs relate to the project, how many jobs will be created or retained, how many low/moderate income jobs will be create or retained, and when the jobs will be filled.

*Slums and Blight:* Explain the slum and blighting influence. Attach additional sheets if necessary.

## VI. BUDGET SUMMARY

Provide financial data requested below. Costs should be based on the best information available at the time of the request. When providing the information, consider the following: (a) a project must be completed in a single phase if possible; (b) Federal wage rates apply to construction projects costing \$2,000 or more; (c) projects may not begin construction until CDBG Program funding is approved by the U.S. Department of Housing and Urban Development..

Total estimated cost of project: \$ \_\_\_\_\_

Amount of funds requested: \$ \_\_\_\_\_

It is important to try to obtain funds to offset the demand for the limited amount of CDBG Program funds. If the project requires a renewal of funds every year, the City can not guarantee that renewal.

A. List the amount and source of other funds that will be used in addition to the CDBG Program funds being requested.

B. If CDBG Program funds are needed to secure matching funds from another source, state the source and the amount of funds to be matched.

## VI. CERTIFICATION

This funding request for CDBG Program funds was discussed at a public meeting held on (date)

\_\_\_\_\_ and was approved by the Governing Body on (date) \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

One original and one (1) copy must be sent by June 29, 2012 to:  
City of Reading Community Development Office  
City Hall  
815 Washington St.  
Reading, PA 19601